

DIVISION OF CHILDREN AND FAMILY SERVICES CHILDREN'S ADMINISTRATION

EXCEPTION REQUEST

1. Check appropriate box, provide references WAC REFERENCES:					
POLICY					
LICENSING REQUIREMENTS					
Check appropriate box, enter costs from worksheet, and provide dates		ADDITIONAL COST OF EXCEPTION			
Additional Costs		AMOUNT PER MONTH			
Exceptional Cost Foster Care (Include Attachment A, DSHS 02-510A)		TOTAL AMOUNT			
Exceptional Cost Group Care (Include Attachment B, DSHS 02-510B)		DATES FOR WHICH EXCEPTION IS REQUESTED			
Other (e.g. Admin Policy)			TO		
3. LOCAL OR REGIONAL OFFICE	SERVICE WO	RKER			
CASE NAME/AGENCY (As necessary)	CASE NUMBER (If any)		DATE		
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Specific nature of and justification for request:					
5. Alternatives explored:					

5. Alternatives (continued)			
6. PREVIOUS EXCEPTIONS: Any previous exceptions? No	Yes, Date		
Amount \$			
What?			
7. LOCAL OFFICE ACTION			
SIGNATURE OF PERSON REQUESTING EXCER	PTION		DATE
ENDORSED NOT ENDORSED	COMMENTS		
SUPERVISOR SIGNATURE	SUPERVISOR SIGNATURE		DATE
8. REGIONAL OFFICE ACTION (As necessary)		O OTATE OFFICE ACT	ON (15)
ENDORSED NOT ENDORSED _	Area Manager	9. STATE OFFICE ACTI DENIED	ON (II necessary)
ENDORSED NOT ENDORSED _	Regional Manager	APPROVED	
Comments		Comments	
10. Decision telephoned to office originating req	uest?	DATE	TIME
11. APPROVING AUTHORITY SIGNATURE	TITLE		DATE